

## NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

**NEBRASKA HEALTH AND HUMAN SERVICES**  
**REGULATION AND LICENSURE**  
**ENVIRONMENTAL HEALTH SERVICES**

**Yearly Microbiological Sampling Site Plan Update for Community Water Systems (CWS)**

System Name: \_\_\_\_\_

ID#: NE31\_\_\_\_\_

FOR YEAR: 20\_\_\_\_ Date Submitted: \_\_\_\_\_ by \_\_\_\_\_

**(Please Print Name Clearly)**

Current Population Served: \_\_\_\_\_ Residential Connections \_\_\_\_\_ Commercial Connections \_\_\_\_\_

- A.) EVEN IF SAMPLE SITES HAVE NOT CHANGED FROM LAST YEAR, PLEASE COMPLETE THE FOLLOWING INFORMATION BELOW AND ON REVERSE SIDE. IF A SYSTEM HAS MORE THAN 8 ZONES, ATTACH ADDITIONAL SHEETS SHOWING ADDITIONAL SAMPLE SITES BEGINNING WITH ZONE 9. TO DETERMINE HOW MANY ZONES YOUR SYSTEM IS REQUIRED TO SAMPLE, REFER TO TITLE 179 NAC 3-004.01A & B. BE SURE YOU HAVE DESIGNATED 5 SAMPLE SITES FOR EACH ZONE AND SIGN BEFORE SUBMITTING.**
- B.) IF SAMPLE SITES HAVE BEEN CHANGED, attach a system map showing sample sites (for systems with only one zone), zone boundaries (for systems with more than one zone), well location(s) and water distribution system/mains.**
- C.) Please Use Street or 911 Addresses for all location designations**

ZONE 1 Site A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_

ZONE 2 Site A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_

ZONE 3 Site A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_

ZONE 4 Site A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_

ZONE 5 Site A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_

ZONE 6 Site A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_

ZONE 7 Site A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_

Zone 8 Site A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_

This plan Submitted By: \_\_\_\_\_

**(Signature)**

DO NOT WRITE BELOW THIS LINE - HHSS-R&amp;L USE ONLY

HHSS-R&amp;L Approval: \_\_\_\_\_ Date: \_\_\_\_\_

CWS PWS SYSTEM OPERATOR INFORMATION

Designated Water Operator in Charge: \_\_\_\_\_  
(Please PRINT Name clearly)

System Classification (Class 1, 2, 3 or 4)      Operator Grade (Grade 1, 2, 3 or 4)      Certificate #      Expiration Date

Other System Operators

Name	Operator Grade	License Number	Expiration Date	SYSTEM STATUS		
				Full-Time	Part-Time	Back-up Status Only

Are there any uncertified personnel utilized for system duties other than taking samples? ☐ Yes ☐ No

If Yes, please provide their name and job title:  
\_\_\_\_\_  
\_\_\_\_\_

Mail or e-mail to:      HHSS Regulation & Licensure  
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